

THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

L. P. YANDELL, M.D., and H. A. COTTELL, M.D.

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THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, JANUARY 19, 1884.

Original.

PRONUNCIATION OF MEDICAL TERMS.*

BY H. STILLSON, A. M., M. D.

It may never have been your misfortune to listen to Dr. Gardner while telling his story about the Irishman suffering with "syph-é-lis," and of the other Irishman who complained of gon-ó-rhea," but you have doubtless had patients consult you about the "jaler-janders" or the "brown-keters," or possibly the "serious-old-final-come-and-git-us." Dr. Larkin tells me he once treated a case of "gastricity of the stomach" and heard of a case of "tonsillarity." So that, really, the patient's mispronunciation is often more serious and alarming than the malady itself. I shall never forget a story told by Dr. Robert Moore, of Weston, Ky., about a man whose son was sick of typho-malaria. When asked what was the matter with his boy, the man replied, "Wal, I reckon the doctor called it the 'timon-taly.'" After such a brilliant display of ignorance as that we can forgive, with good grace, Mrs. Partington, who feared that there was "something the matter with Ike's elementary canal." But there are cases we can not forgive. Some time ago a man came hurriedly to my father's office saying, "Doctor, I want you to go to see my wife quick. She has just had a child before the time, and the women at the house say the alphabet won't come away." Truly, there are "books in running brooks."

But, really, we have no right to "poke fun at the laity" when we ourselves make such egregious blunders. And, recognizing the necessity for uniformity of pronunciation, I shall, at the risk of being called a purist, refresh your pure minds by way of remembrance of a couple of rules, first as to accent, second as to quantity.

I. Words of two syllables take the accent on the first syllable; as, *cóhosh*, *con'nex*. Words of more than two syllables take the accent on the penult if the penult is long, otherwise on the antepenult. Hence, we should say:

Albu'men	not al'bumen
Abdo'men	" ab'domen
Enter'ic	" en'teric
Vagi'na	" vag'ina
Cere'brum	" cer'ebrum
Duode'num	" duod'enum
Purpu'ra	" pur'pura
Maxil'la	" max'illa
Sole'us	" sol'eus
Masse'ter	" mas'seter
Sag'ittal	" sagit'tal

On the antepenult we have the accent in such words as

Em'esis	not eme'sis
Cho'rea	" chore'a
Cor'onai	" coro'nal
Cor'pora	" corpo'ra

II. But our errors usually lie in the line of "quantitivation." We give the wrong sound to the right vowel. (1) Now, you remember, vowels are *long* in the following situations:

In final syllables ending in a vowel, as, *rāphē*. In all syllables before a vowel or diphthong, as, *pīa mater*, not *pīa mater*. In penultimate and unaccented syllables, not final, before a single consonant or a mute with *l* or *r*. Hence we have:

Sācrum	not sǎcrum
Cāput	" cǎput
āpex	" ǎpex
ānus	" ǎnus
āqua	" ǎqua
Squāma	" squǎma
Sēra flāva	" sēra flǎva
Digitālis	" digitǎlis
Scarlatina	" scarlatina
Phthisis	" phthǐsis
Coitus	" coitǔs
Iritis	" iritǐs

*Read before the Mitchell Dist. Med. Soc. Dec. 27, 1883.

And so with all words ending with *itis*:
bronchitis, arthritis, pericarditis, meningitis, etc.

But words ending in *ine* give the French sound to the letter *i*:

Proteine	not proteine
Caseine	" caseine

And so on through the list of such words as *iodine, chlorine, bromine, theorine*. However, *quinine* is an important exception to this rule.

2. Now, vowels are *short* in the following situations:

In all syllables before *x* or any two consonants (except a mute with *l* or *r*) as

Lithôtrity	not lithotritry
Cirrrosis	" cirrhosis

In all accented syllables before one or more consonants except the penultimate, as, *pîneal*, not *pineal*. But there is an exception to this rule that is more important to *us* than the rule itself, viz., *a, i, or o*, followed by one or more consonants followed by *e, i, or y*, has the *long* sound, as,

Cranium	not cranium
Rabies	" rabies
Scabies	" scabies
Căseine	" căseine

This, then, finishes the rules for the pronunciation of medical terms. But I can not close this hasty paper without a word about the evolution of medical terms, in the hope that something may be said that will elicit a suggestion as to how therapeutic and pathologic nomenclature may undergo an evolution somewhat similar to that of botany and chemistry. We need a natural method of naming diseases. See how we grope. We do not know whether to call it lung fever, catarrhal fever, pneumonia, or pneumonitis. I think our trouble lies in our miserable anatomical names. They should be chosen with reference to the function rather than the appearance of the parts. Pathological names if based on these, would refer to both deranged function and deranged parts. Remedies should be named with reference to their physiological properties rather than their botanical origin, and all names should be compounded of English terms rather than Latin or Greek, since English is speedily becoming the language of the world.

BEDFORD, IND.

A CASE of resection of a portion of intestine at the Royal Infirmary, followed by recovery, is mentioned in the Medical Press, December 19th.

TRUE ease in writing comes from art, not chance,
As those move easiest who have learned to dance.

Miscellany.

SHOELESS HORSES.—Mr. George T. B. Watters writes, in the British Medical Journal: For the last three years I have entirely discarded the old form of shoes for horses. During this time, I have had in my stable five horses, for periods varying from two and a half years to six months. Their ages at the time of purchase, have been: in three cases, six years; in one, eight; and in another, about ten. First of all, on getting a new horse, I take off his shoes, sometimes weighing one pound each or more, and substitute light Charlier steel tips weighing about two ounces, which are let into the hoof by culting a shallow groove in the hard outer horn. These allow the heel to rest on the ground, as they only circle the hoof to about two thirds of its extent, and permit the natural expansion to take place when the foot is in this position. For a few days, perhaps, the horse will go a little tender on his feet, especially if the frog has been previously much cut away, as is usually done by blacksmiths. The horse will soon become accustomed to the new order of things; and, if carefully put on, the tips will remain on quite as long as ordinary shoes. Meanwhile, the portion of hoof which is allowed to rest on ground is gradually becoming harder, and the whole foot is slowly filling up with callous horn, except the heel, which remains a soft pad to lessen the shock of concussion. It takes almost a year for a hoof to assume this condition; but long ere that period has elapsed, it is possible to run the horse for short intervals without shoes at all. For instance, when a steel tip drops off at the end of, perhaps, six weeks, I allow the hoof to become worn down until tenderness is shown before putting on another. Under no circumstances should the frog be touched with the knife. At the end of ten or twelve months, it is quite possible to run a horse which has made a good hoof without any shoes. This I did last summer, for about four months, in the case of a horse seven years old, which I bought a year previously. I found, however, that when the roads became muddy in the autumn, he began to go tender, due, I think, to the increased friction and consequent wear of hoof on the wet roads, as compared with the dry roads in summer. In no case have I found lameness or any other than a good result to follow this method.

This plan of shoeing seems to me to have, among others, the following advantages: (1) Horses do not require to be so frequently shod; in summer, at least, it is possible to run a horse without shoes. (2) Horses shod in this way never have corns or tender feet, except just at first; the legs are saved the shock of the concussion of a heavy iron shoe on a hard road; the legs do not become swollen after a long run. (3) It is impossible for a hoof of this kind to take up snow in winter, or a stone when the roads are newly macadamized. This does away with the dread of slippery or snow-covered roads, and the necessity for "frosting."

CASES ILLUSTRATING THE RELATION BETWEEN LABIAL HERPES AND RIGOR.—Mr. Charters J. Symonds, in the Medical Press, says his attention was first called to the connection between the phenomena by a personal experience in 1880. After unusual exercise in the open air a severe rigor, lasting five hours, followed by profuse sweating, ensued. The temperature reached 105° F. The next day no ill effects were experienced, and the health was as good as usual. Two days after the attack an abundant crop of herpes appeared on the lips and tongue, unaccompanied by any other symptom. The factors considered to be acting in producing this attack were fatigue, exposure to the sun—the air, however, being only moderately warm—a sensation of dread experienced when about to plunge into the water from a boat, followed by undue chilliness. Other cases in which a rigor preceded herpes were given, viz., ague, operations on the urethra, erysipelas, that is, to show that there was nothing peculiar to the form of disease, and that therefore the eruption had no special connection, as seemed to be thought, with pneumonia, but indicated that this disease had come on suddenly and severely with a rigor. From these facts it was considered that labial herpes was directly due to the rigor. It was also pointed out that the accompanying pyrexia was not alone sufficient to produce the herpes, as the latter was absent in many well-known febrile affections. Again, herpes did not appear after every rigor. Some other factor therefore appeared to exist, but what this was remained in doubt. It seemed equally difficult to explain why the second and third divisions of the fifth nerve should be specially selected, its occurrence over the distribution of the first being rare. It

was pointed out that with a common "cold sore" there was always some chilliness, and that perhaps in those where the herpes exists without catarrh some unrecognized cause, such as fatigue, may have acted, or that this eruption may be a disease of itself attended with its own fever and rigor. Verneuil was referred to as describing a traumatic herpes. It was suggested in conclusion that a rigor is a necessary precursor of labial herpes, but that some factor other than pyrexia is associated with it. The author also inquired as to how far simple fatigue might be considered to be a cause of rigor or of more severe affections.

TUBERCLE WITHOUT BACILLI.—The subject of the bacillus of tubercle may still be regarded as in the ascendant. (Lancet.) Not to magnify the incidents in the progress of our knowledge, we may yet take cognizance of some new phases in the question which we owe to the industry of MM. Malassez and Vignal. There seems to be no doubt that tubercular lesions exist which possess very few or even no tubercular bacilli. Also, it can not be denied that the shortcoming lesions are tubercular. Inoculations made on animals with some of the tubercles which were wanting in bacilli nevertheless led to the development of lesions in which plenty of micro-organisms could be detected. But this was not invariably the case, for, instead of bacilli, zooglea-like masses of micrococci and other forms might be found. The authors interpret the facts as meaning that the bacilli have anterior stages, in one of which they can not be recognized at all, and in the other only under the form of aggregations of micrococci.

ATROPHY OF THE OLFACTORY NERVES.—(Med. Times and Gaz.) In relation to a case mentioned at the *Société de Biologie* by M. Lebec, in which, on dissecting the brain, he had found that the olfactory nerves were absent, although the sense of smell was not interfered with, M. Duval observed that he believed that this contradiction did not really exist, and that the olfactory nerves were really only atrophied and reduced to some thick fibrillæ beneath the pia mater. Such fibrillæ he has found in the pituitary, and these would suffice for the ordinary sense of smell. Civilized man, in fact, possesses, M. Duval added, an olfactory apparatus disproportionate to his needs, and nine tenths of it might be destroyed with-

out the olfactory power being notably modified. This would not be the case with savage man, who utilizes all his olfactory fibers. There is, indeed, reason to believe that the atrophy observed in the nerves of this brain is destined to become the rule in civilized races. It is the same with the teeth, of which we have thirty-two, while twenty-eight are all that are necessary; and the wisdom-teeth tend to disappear, so that in the course of some thousands of years they will have done so completely.—*Gazette des Hôpitaux*.

VALUE OF RECREATION.—Says the *Lancet*, "Looking to the personal history of men who have served long as well as prominently in political life in England, who have not only made their mark but maintained their position in the front rank of active statesmanship, it must be evident that physical development by manly sports in early life, and physical fitness secured by perseverance in some form of muscular activity at and past the meridian of life, are fully as much necessary conditions of success as intellectual ability and mental power. Those who have not been in vigorous possession of physical health have succumbed, or they have proved *uncertain* and *impulsive* rather than persistently powerful as statesmen and administrators."

A DANGEROUS POMADE.—In the *Annales de la Société Médicale de Gand* (British Medical Journal), Drs. Van der Mursch and De Visscher describe the symptoms during life, and the results of the necropsy, met with in a child two years of age, who died in five hours from swallowing half the contents of a bottle containing one hundred and fifty grains of nitro-benzine, procured by its mother for making pomade. The dangerous nature of this highly poisonous liquid is too little known, notwithstanding that deaths from its use are become by no means uncommon. The symptoms observed in the above case were, first, somnolence, followed by agitation, delirium, and convulsions. There was no disturbance of the digestive organs.

LUMINOUS HARNESS.—We have lately heard of an ingenious application of "luminous paint," which may be useful to those who drive at night. (British Medical Journal.) This paint, as is well-known, absorbs light by exposure during the day and gives it out again in darkness. When portions of

prominent parts of a horse's harness, as the blinkers or the collar, are coated with luminous paint, the parts so treated become quite visible in the dark, and so the position of a horse may be clearly indicated. Luminous night-blinkers will be a useful novelty on dark roads.

IMPURE DRUGS.—Any one familiar with the drug trade must be aware of differences in the prices of articles offered which can only be explained to business men on the principle that one sample is pure or fresh, whereas the other is impure or spoiled by keeping; and many of the so-called cases of idiosyncrasy are due to the fact that the intended dose has not been administered. (*Lancet*.) Nitrite of sodium is a new drug, and we need not wonder much at the initial difficulty of obtaining the unadulterated article; but digitalis, belladonna, and quinine are long established and in constant use by all practitioners. It might be thought that these familiar medicines would long ere this have obtained a recognized place in the confidence of medical men; but, whether from deterioration on the shelves or from direct dishonesty, it is certain that in a vast number of instances the anticipated effects do not follow their use. It is not necessary to adduce examples of the vagaries of drugs in a variety of doses; the important question is, How are these vagaries to be accounted for and remedied? The first suggestion we would make is that practitioners generally should more frequently use the chemical or physiological tests open to them as a safeguard to their patients. It is far too much the custom to allow responsibility to cease as soon as the prescription is written, and nothing would deter the dispensing chemist from the use of stale or impure drugs so much as occasional evidence of watchfulness on the part of the physician. Serious consequences have recently followed the use of drugs supposed to be genuine by the local chemists, and in Scotland two of these gentlemen have paid heavy damages, apparently as the scapegoats of firms on whom they relied. The matter of dosage, now so uncertain, should be reconsidered by competent men, and one or more of our active societies might here find a most profitable field for the labors of a committee.

DR. SEDAN (*Gazette des Hôpitaux*) reports the case of a young man, nineteen years of age, who for nine years was in the habit of taking daily between one hundred and one

thousand grams of ether. When first seen by Dr. Sedan, at ten years of age, he had anemia, with a souffle accompanying the first sound of the heart, but preserved nevertheless a very satisfactory general condition. He became one of the most promising students of the Lyceum, was quick, brilliant, intelligent, laborious, and successful. He confided to Dr. Sedan that he drank ether, and that was the secret of his success; he reasoned like a man, and promised not to use the stimulant except to assist the efforts of his intelligence. From the time he commenced increasing amounts of ether, twenty to thirty, fifty, eighty, one hundred grams a day, and as much at night in vapor. Still he was at the same time engaged in working out the most difficult questions in the higher mathematics. Neither parental authority nor medical advice availed to break him of the habit. He finally consumed nine hundred to one thousand grams a day, mostly by the mouth. He was undersized, and with a feeble constitution. No immediate disturbance showed itself at first, and he finally died of mitral insufficiency. During the last year of his life he used both ether and morphia subcutaneously.

WESTON'S WALK.—From the British Medical Journal: After the completion of his twenty-fourth day of fifty miles, Weston passed a very restless night at Ely. Next morning he was unusually drowsy, and had to take an hour's sleep on walking about nine miles. His heel, too, was again painful and stiff; but, after the morning rest, he did mile after mile within the quarter of an hour. Invigorated by the usual two hours rest in the afternoon, and by a substantial dinner, the pedestrian walked into Bedford at the rate of four and a half miles an hour, a pace he had kept up for nearly four hours. Thus pluckily did Weston complete a quarter of his entire task, or one thousand two hundred and fifty miles. He was rewarded by a good night's rest, after which he set out on his twenty-sixth day's journey, in excellent form, at about half past four o'clock, A. M., reaching Northampton at seven minutes past eight P. M., where he was escorted to the Town Hall by a band of music and an immense concourse of spectators. Next day, Weston's walk was from Northampton to Coventry; and his walking has been so fast, that he entered the latter town, at the close of forty-two miles, by twenty minutes past four in the afternoon,

long before he was expected to arrive. The object of this ruse was to prevent the assembling of a great crowd, which might again have impeded his progress. The remaining eight miles were accomplished at the Corn Exchange. On the succeeding day (Saturday) the genial, spring-like weather tempted a clergyman and another friend to accompany Weston, and they walked with him all the forty-one miles to Droitwich. "The wonderful wobbler's" heel was very sore after his rapid performance on the preceding day; but after a few hours' walking the stiffness wore off. The last nine miles were covered at the Salters' Hall. In addition to Sundays, it was not thought right that Weston should walk on Christmas day; and the physicians who drew up the conditions laid down that the fifty miles that would have fallen to Christmas day were to be made up during the secular days in the same week. Accordingly, Weston left Droitwich on Monday by five minutes past three, completing the ten miles to Kidderminster in two hours and three quarters. At the latter place he walked partly in a cricket-field and partly in the Drill Hall, till nearly midnight, by which time he had covered sixty-eight miles. On Christmas day he rested at Kidderminster, going thence to Birmingham on Wednesday.

THE PHYSIOLOGICAL ACTION OF COFFEE. According to the result of experiments recently made by Messrs. Couty and Guimaraes to ascertain the precise physiological action of coffee, that beverage is not a preventer of tissue-waste. (British Medical Journal.) The maintenance of nutrition is, no doubt, improved by its consumption, as Gubler asserted; but simply because it involves an increased assimilation of nitrogenous food through improving the appetite, when not taken in excess, and thereby encouraging its consumer to take nutritious food.

THE CHOLERA GERM.—Dr. W. G. Bal-four, of Bombay, who has devoted much pains to investigate the causes of cholera (Lancet), and who recently pointed out that the consumption of certain kinds of fish at particular periods of the year seemed to play a part in the production of the disease, has now announced the discovery in the blood of one of these fish—the Banala or Bombay ducks—of bacterial organisms resembling those which Dr. Koch found in the intestines of cholera patients in Egypt.

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L. P. YANDELL, M.D., - - - - - } Editors.
H. A. COTTELL, M.D., - - - - - }

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CATHETER FEVER.

In a recent number of the British Medical Journal is published an address on Catheter Fever, delivered before the Medical Society of London, December 17, 1883, by Sir Andrew Clark, which gave rise to a most interesting discussion among the eminent surgeons present, and brings before the profession several points of great practical moment.

The speaker introduced the subject with a brief description of two cases in which death seemed to be directly traceable to a train of grave symptoms set up by the habitual use of the catheter, or, as he states it, by the entrance of the patients into "catheter life."

The first patient was a medical officer, who, in 1850, was serving a term in the Haslar Hospital (a man between fifty and sixty years of age, of nervous constitution, but apparently in robust health), in whom Sir Benjamin Brodie had diagnosed enlargement of the prostate gland, with incomplete emptying of the bladder, for the relief of which this surgeon drew off a large amount of urine, and prescribed the daily use of the catheter. The officer returned to the hospital, did well for a week, but then complained of *malaise*, weakness, gen-

eral pains; lost his appetite, had a tormenting thirst, nausea, and fever, took to his bed, grew worse, and died in spite of all attempts to relieve him.

The second case was seen in 1865, in the practice of Mr. Peter Marshall. The patient, otherwise in good health, had some affection of the bladder, with difficult micturition, and was "placed upon the daily use of the catheter." He did well for a week, then became ill, and suddenly went down into a typhoidal state, from which he died in spite of food, alcohol, quinine, and aperients, which were judiciously given him. A post-mortem was held, but no lesion was found in the bladder, urethra, kidneys, or any other organ which could account for the symptoms presented by the case.

By way of comment Sir Andrew says: "The study of this case gave birth to the opinion (now a confirmed belief) that the entrance upon catheter-life occasionally gives rise to a pernicious fever, which, in the majority of instances destroys life, and is sometimes, without the intervention of any sensible structural change, sufficient to account for death."

The author then sketches briefly the history of catheter fever. In the year 1800 it seems to have been "known, but not distinctly expressed, that surgical interference with the urethra and bladder . . . was sometimes followed by an irritative fever." In 1810 "Moffatt described a case of chronic stricture of the urethra, in which simple catheterism was followed by rigor, irregular fever, purulent arthritis, and death." In 1832, ideas concerning the causal relationship of catheterism to consecutive fever first found form and expression in the writings and teachings of Brodie, Velpeau, and, perhaps, of Civiale." From this on down to 1877, the writings and teachings of the leading English and Continental authorities upon this subject are passed in rapid review, the authors quoted being Phillips, Marx, Sir Henry Thompson, Sir Joseph Fayrer, Sir James Paget, Banks, of Liverpool, Malherbe, and Marcus Beck.

Various causes for catheter fever are cited by these writers, such as resorption of urine, nephritis, diatheses, and chronic disorders of general health; uremia from functional or structural renal derangement; pyelitis, with dilatation and marked derangement of renal structure; a malarious state; shock through the sympathetic nervous system, and uremia from renal insufficiency set up by reflex action through the cerebro-spinal and sympathetic nervous systems.

In closing his address the author says:

It will be seen from this rough historical retrospect that catheterism is occasionally followed by a fever which has received the various names of urethral fever, urethro-vesical fever, urinary fever, uremic fever, catheter fever, and so forth; that, in some cases, this fever is dependent upon or associated with purulent arthritis, ordinary pyemia—what is known in England as surgical kidney, or interstitial nephritis—and that, in a small percentage of cases, no adequate structural cause of death has been found. Now, it is of this last variety of fever alone that I make the following propositions:

1. About middle life, in men perfectly healthy, or with no discoverable evidence of disease except, perhaps, and even then not always, a low density of urine, the commencement of the habitual use of the catheter is sometimes followed by fever of the remittent type, which often ends in death—and, for the fatal issue in such cases, no adequate structural explanation can be found.

2. It is important that such a fever, arising in the midst of apparent health from such a seemingly small cause, and leading so often (as it certainly does) to a fatal issue, should be well and widely known, lest death should take the friends of the patient by surprise, and arrangements necessary to the welfare of a family should be left unmade.

3. Although it is well known that in persons affected with renal disease, or in chronic gout, or with grave disorders of the general health, the commencement of habitual catheterism is attended with peril to life from secondary fever, the fact that this fever may arise in what seems to be good health, and, without the mediation of any visible structural lesion, issue in death, is not well known, or at least well known only to a few, and has, I repeat, no adequate place in English surgical literature or in the English surgical teaching of this time.

4. This fever is neither distinctly uremic nor distinctly pyemic; although having some of the characters of each, it has all the necessary characters of neither. Probably it begins in the nervous system. Probably the disturbance of the nervous

system reacts, in the first instance, upon the general metabolism of the body, and, in the second instance, upon the secretory organs, beginning with the kidney. The effect upon the kidney may consist either in structural alterations of the kidney, invisible by the aid of our finest instruments of research, or, as seems to me much more probable, in alteration of the constitution of the blood, the dynamic condition of its constituents in the renal vessels essential to the elaborative action of the secretory cells thereof; and, lastly, the concurrence of these conditions may be, and often is, enforced by septic re-absorption into the blood.

5. A more complete knowledge of this variety of fever and of the conditions of its origin, maintenance, and increase, may, at least we may hope, lead to a material diminution of its mortality; and, even now, by treating in a serious manner entrance upon catheter life, by taking the precautions set forth by Sir Henry Thompson, by great temperance in the use of foods and stimulants, by rest, warmth, and by other general means, such mortality may possibly be very considerably diminished.

Of these five propositions, the one at the present moment most open to attack is the fourth, wherein it is asserted that this fever is not distinctly and exclusively uremic. For, in these days, it has come to pass that almost every writer of distinction adheres to the view of the uremic origin and nature of catheter fever, or the thing known under that and other names, and I am, as it were, left by myself very imperfectly armed to oppose it. I oppose it. I ground my opposition to the exclusively uremic theory upon the fact that the phenomena of catheter fever, not as they exist at a particular moment, but in their assemblage and in their progress together, are different from those of the ordinarily recognized uremia. The duration is at once longer and shorter: longer than that of acute uremia, and wanting its headache, its perversions of sensation, its changes in the urine, its convulsions, its profound coma; shorter than that of chronic uremia, wanting its neuralgias, its recurring headaches, its defects of sight, its itchings of the skin, its vomiting, its characteristic breath, its attacks of dyspnea and palpitations, its painful nervousness, its low temperature. Furthermore, the urine of the catheter fever—of this variety, at least, of catheter fever—is always loaded with micro-organisms of various kinds; and, although it is deficient in urea, and contains more or less albumen, it deposits no tube-casts, and it is capable of amendment. Lastly, while chronic uremia issues in death, catheter fever may issue—sometimes does issue—in complete recovery. Except in its long duration, in its occasional rigors of great severity, and its exceptional clearness of mind, the phenomena of what is called a 'cardial fever resemble more nearly those of the fever which I have called fo

the moment catheter fever than any other malady with which I am acquainted.

Two questions of a practical kind arise out of this study of the history of catheter fever. Seeing that by almost universal assent the fever originates at least in a disturbance of the nervous system, and seeing, furthermore, that in the cases accessible to me, at least, there is no account of the fever following in cases where narcotics or anesthetics have been used, may it not be that the fever is capable of being cut short by the administration, on entering upon habitual catheterism, of narcotic or anesthetic remedies? I remember that my great master, Syme, in Edinburgh, with a reason which his instincts very often knew better than his understanding, invariably gave his patients, whom he had to catheterize, opium, frequently a grain or two from the very beginning, and I must also add that he was singularly free from catheter-accidents. The second question is this: assuming the presence of the fever, and seeing that quinine has signally failed in controlling it, what are the drugs to be employed on such occasions and what is the sort of hygienic management to be followed, especially in respect of food and alcohol which are so variously used on such occasions, in order that the fever may be brought, if it be possible, to a successful ending?

The discussion which followed this address was of remarkable interest, Sir William Thompson, Mr. Berkley Hill, Mr. Harrison, Mr. Savory, and Sir Joseph Fayer, commenting upon the views of the author in a style befitting men of great learning and experience.

The practical bearings of this question are plain, and may well engage the serious attention of the general practitioner, since, aside from the cases which, from stricture or stone, require the introduction of instruments into the bladder, he is often consulted by old men, with enlarged prostate, whose difficult and incomplete micturition can be relieved only by the daily use of the catheter.

In these cases the physician should bear in mind that his patients are called upon to accommodate their urinary organs to a new state of things, namely, as Sir William Thompson puts it, the substitution of an empty for a previously full state of the bladder, with the mechanical irritation set up by the daily use of the catheter.

Whether this form of fever be due to

incomplete emptying of the bladder, which, by inducing a general systemic derangement, favors the development of the disease, as Sir William Thompson believes; or to chronic interstitial nephritis, the result of obstruction and backward pressure, as Mr. Berkley Hill maintains; septicemia from slight absorption of decomposed urine, as taught by Mr. Harrison; or the phenomena of shock, as Mr. Savory and Sir Andrew Clark are inclined to think, it is certain that old men with enlarged prostate are, like girls and boys at puberty, in a condition of delicate nervous equilibrium, which should not be lightly esteemed in submitting them to any long continued or oft repeated manipulation of the urethral tract.

The warning given out so clearly by Sir Andrew Clark is timely and salutary, and will doubtless result in the saving of not a few useful lives. And though, under the careless use of the catheter or sound, the majority of old men may escape the fatal complication above described, the wisdom of keeping such persons in bed in a warm room with appliances for careful nursing and feeding, and the administration of anesthetics and narcotics, must stand approved; while the doctor who disregards these precautions to the injury or death of his patient will find, in the suit for malpractice which in justice might follow such neglect, that he must go into court with the testimony of at least six of the world's great surgeons against him.

PROFESSOR WILLIAMS.

At his home, on the 15th inst., Dr. John T. Williams died, of cerebro-spinal meningitis, after an illness of three weeks.

One year ago he was called to the chair of surgery in the Hospital Medical College of Louisville, in which his work gave promise of rare distinction; but he was better known to the medical world as professor of anatomy in this school, a position which he filled with signal ability from the foundation of the college up to the time above

named. His attainments in this branch of science were of the highest order, and his lectures were characterized by accuracy, clearness, and felicity of expression.

As a man, though modest and retiring, Dr. Williams was noble, brave, and true to every trust; as a friend, sincere, self-sacrificing, and affectionate; as a student, systematic, pains-taking, and profound.

In his death, the science of medicine loses a young and gifted votary, and the cause of medical education an able and conscientious teacher.

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Selections.

BROMIDE AND IODIDE OF SODIUM; THEIR THERAPEUTIC ADVANTAGES OVER BROMIDE AND IODIDE OF POTASSIUM.—Dr. T. J. Hudson, M.B., says, in the *Lancet*: Experiment has shown that potassium and its salts are much more poisonous than those of sodium on the entire organism, and much greater depressants, both general and local. Bromide of sodium is now very largely used in America in preference to the potash salt, and I was induced to try it fully after observing the bad effects of the latter when given in large doses for insomnia (among which were general depression, mental and bodily malaise, and irritability of temper the next day), or in smaller and longer-continued ones for epilepsy, etc., an almost toxic effect being often induced, showing itself in mental weakness, clouded intellect, failure of memory, with an expression of hebétude, passing on to temporary imbecility, and also so-called "bromism," whether owing in part or whole to the potash remains to be seen, but doubtless due to a great extent to induced diminished elimination of carbonic acid. Its acrid taste (like salt water) is often objected to, and may cause diarrhea and vomiting in the feeble, anorexia and sour eructations. The bromide of sodium lacks many of these disadvantages. After large doses for insomnia, etc., there is much less depression, and in smaller ones for long periods the toxic effects are slight; so far I have observed no symptoms of bromism nor any skin eruptions. Neither dyspepsia nor acidity of the primæ viæ is caused by it, but these conditions are much diminished if beforehand existing; the taste is less objectionable; it constipates rather than the reverse, and has greater tonic action than the potash combination, but is contra indicated with much phosphates in the urine. There being rather less bromine in the soda than the potash salt, the former should be given in somewhat larger doses. Roughly, fourteen grains of the soda salt compound to twelve of the potash.

The following were some of the diseases I have treated exclusively by it. Of pertussis (uncomplicated) eighty-seven cases were treated, ranging in age from two months to twelve years, the dose varying from three grains to half a dram, not oftener than every three or four hours night and day, the average length of treatment being four to seven weeks. Twenty-seven were entirely

cured by the drug. Forty, not showing any great improvement after two or three weeks' treatment, had other drugs combined with it, and the remainder showed no improvement or failed to attend. The cases somewhat relieved were cured by bromide of potassium and belladonna liniment to the throat externally. The potash salt, therefore, has greater effect on pertussis than the soda one, owing to its greater depressant action on the cerebrum, etc., and I should give it the preference unless great weakness already exists, as in rickety infants and others. In women approaching the menopause and suffering from the usual train of nervous symptoms, with abdominal and cranial pains, tinnitus aurium and flatulent dyspepsia, the soda salt in half-dram doses causes less depression and sinking than the potash one, and the dyspepsia also is relieved and soon cured. In menorrhagia and metrorrhagia from whatever cause, there is no difference between the action of the two drugs. In the weary muscular pains following severe straining, as after diarrhea, etc., the soda salt is of great comfort, and brings on no return of the looseness, as the potash one often has done in my experience. In various forms of headache, neuralgia, and nerve excitement where a hypnotic is needed, the soda salt in large doses is followed by little or no sign of lassitude or sense of weakness, as is often seen after the potash one. This applies to insomnia from whatever cause arising, also to puerperal mania with great depression. The hypnotic action not being so great as that of bromide of potash, a larger dose (one fifth) was always given in these cases. It is also useful in incipient and pronounced delirium tremens, also in hysteria and chorea, and is longer than the other salt in making a decided impression when pushed in these cases.

In several severe cardiac cases, where pain and insomnia threatened to bring on dementia (and also in cardiac cases complicated with epilepsy) and where I feared the depressant and toxic action of the potash salt (hypodermic morphia being contraindicated owing to renal disease), fifty to eighty grains of sodium bromide caused several hours' sleep without affecting the heart-muscle to any extent, this being given for many nights. It is also of great use in irritable and palpitating heart, without organic lesion, as in excessive tea and coffee drinking, and when of dyspeptic origin. In *petit mal* no difference was noted between the drugs, but in the graver form the soda

salt could be administered for periods of eight or ten months (the longest time under observation) with far less toxic signs or those of depression. In seventeen cases where the drug was given for this period with great benefit up to ninety grains thrice daily, no signs of "bromism," etc., appeared. One interesting case in point presented itself, that of a boy, aged twelve, who had taken for epilepsy three or more drams of the potash salt usually thrice daily during four years. He had now a fit every two or three weeks, and but mildly. He frequently fainted, the pulse being slow and intermittent, and the bowels very confined. He had quite lost memory, was silly, and had always a curious expression of hebeteude and languor. Several times he tried to drown himself, and would run about the streets naked unless closely watched. Up to the age of eight he was "like other boys," and had never experienced an accident or any head injury. The drug was omitted for six weeks, during which he had two fits (sixth week), and became more rational and intelligent. He was now put upon ten grains of sodium bromide thrice daily, and had no attacks for ten weeks, but then failed to attend.

Cases occur in which, great pain being suffered, opium or its alkaloid is inadmissible or injurious, as in renal disease, cancer of rectum, etc. I have tried the soda salt in several such cases, pushing it to ninety grains every two or three hours with some aromatic, and found it of great benefit. It has made the patient easy and comfortable, not having interfered with the excretions or secretions, nor produced any signs of "bromism." In five cases the drug was given for ulcers together as above. As a lotion for irritable throat or for spasm (as in fissure of anus) the potash salt is best. The iodide of sodium was tried in syphilis and aneurism. In the former it could be given in larger and more continued doses than the iodide of potassium without causing the depression of spirits, feeling of misery, anorexia, and irritant effects on the mucous membranes to any extent, but its action was slower on the nocturnal pains and also those of rheumatism. In aneurism it acted far less beneficially than the potash in depressing, etc., the circulation, though never objected to on account of its taste. Its alterative power seems greater, and iodism was not present even when pushed to one dram thrice daily, but the observations were not long enough to test this point fully. Clinical evidence thus shows that if we do not

wish a large quantity of somewhat poisonous potash to be present in the blood at one time, owing to the bromide of potash given, the latter must be taken in small doses over a long period; but often the best results are only attained by pushing the drug, and that for a considerable time. In such cases the bromide of sodium is better. It would also appear that the bromide and iodide of sodium are better than those of potassium if we wish for the action of the bromine or iodine only on the system, but, where we desire the depressing and sedative actions to co-operate, as in pertussis, aneurism, etc., then the potash salts are preferable, the alkali potash contributing by far the greater share towards these effects.

THE PREVENTION AND TREATMENT OF CHILBLAINS.—By Dr. Dawson Williams. We condense from the British Medical Journal, December 22d, the following which is apropos to this season: I doubt whether it can be correctly said that chilblains are local congestions. With the exception of the mildest and slightest cases, if even these can be excepted, there seems to me to be something more than congestion. The classical signs of inflammation, *ruber et tumor, cum calore et dolore*, are all present; indeed, a chilblain in its first or erythematous stage presents a remarkable illustration of a simple acute dermatitis. If neglected, a blain forms, and, under slight friction, gives place to a tender superficial ulcer; this ulcer is surrounded by skin which is inflamed and tender. It is this combination of a superficial and very vascular ulcer, with extensive underlying and surrounding inflammation of the skin, which is most characteristic of the latter stage of chilblain. The gentlest touch on the diseased finger gives pain; and the dread excited by the fear of a blow or rough handling may render the sufferer so miserably nervous as to lead him to avoid games and outdoor amusements. The best and quickest treatment, when a case has reached this stage, is to put the boy on the sick-list for a day or two, and apply poultices till the surrounding inflammation has gone down, when the ulcer will quickly heal under favorable conditions. Occasionally, beneath the blain, or even before it has appeared, a limited sphacelus involving the whole thickness of the true skin occurs; after this becomes detached, a deep ulcer with sharply-cut edges is left, but without any marked amount of surrounding inflamma-

tion. This ulcer is less painful than the condition above referred to, and heals slowly without difficulty, though it leaves an ugly scar. It is the first or erythematous stage that is most amenable to treatment. Counter-irritants do no good. An exception might, perhaps, be made with regard to iodine, which seems to act more as an astringent, and by hardening the outer layers of the epidermis may cause some pressure on the deeper layers of the cutis. Collodion is worse than useless; after drying, or even in the process of drying, it splits and cracks in various directions, and in each crack in the collodion a crack in the skin is liable to occur. Careful packing with cotton-wool is the most trustworthy treatment. A little calamine lotion applied first, and allowed to dry, will help to allay the distressing itching.

Chilblains are especially apt to occur when the weather is both damp and cold. As a boy, I have often gone through a fortnight's frost with no chilblains, or the very slightest; whereas, as soon as the thaw has set in, my hands have at once become covered with numerous chilblains. The explanation of this is, that in a thaw the air is charged with moisture, so that it is impossible to keep either boots or gloves dry, and the bared hand must be always moist. The evaporation, which under these conditions, is always going on, must necessarily keep the temperature of the parts continuously, for extended periods, below the normal. It is a mistake to wash the hands in tepid water; and warm water is not to be recommended. To plunge the hands in hot water, and then to raise the temperature still further by the addition of fresh quantities of still hotter water, certainly allays the irritation, diminishes the size of already existing chilblains, and aids in preventing the occurrence of fresh ones. The action of "hot water" is, as its recent use as a hemostatic has proved, essentially different from the action of "warm water." Further, I believe that hot water for washing the hands is beneficial, because they can be dried more rapidly and surely than when tepid or warm water is used. In children subject to chilblains, I should recommend woolen stockings and armlets reaching to the axilla; the use of very hot water for washing hands and feet, and rapid drying with a towel; and, finally, the exercise of the greatest care in seeing that boots and gloves are dried before use. The constitutional condition which underlies the pathol-

ogy of chilblains is, no doubt, benefited by the use of tonic remedies, such as iron-phosphate; but not, I believe, by cod-liver oil or high feeding.

ON THE RELATION OF DISORDERS OF THE FEMALE REPRODUCTIVE ORGANS TO INDIGESTION.—Dr. George Elder writes, in the *Lancet*: During the child-bearing period many of the pathological puzzles which the sex presents find their solution in a deranged condition of the organs of reproduction. Of these reflex phenomena, none come more frequently under our view than disorders of digestion; and when these follow apparent and recognized diseases, as pelvic abscess, ovarian prolapsus, or disorders of the endometrium—the causal relation is obvious. What I wish to draw attention to is that there are many cases of uterine derangement undetected and unrelieved, because the super-imposed stomachic troubles most overshadow the primary malady. In these cases most frequently there is no suggestion from the patient of other derangements than those for which advice is sought; and in many it is only after long and fruitless trials of anti-dyspeptic remedies, diet, change of air, that the true nature of the case is arrived at; often it is classed under the convenient, but vague heading, "neurosis."

The lack of information on this subject, in our works on general medicine and in gynecological literature, must necessarily have contributed to the errors of diagnosis of which the subjects of these derangements are so frequently the sufferers. It will be sufficient for my purpose to cite, among books on systematic medicine, Ziemssen's *Cyclopedia* and *Bristowe's Practice*; and, among special works, *Barnes's Diseases of Women* and the first volume of *Ziemssen*. It might be thought that rarity of occurrence is the reason why these cases should not be afforded opportunity for being discussed; but that this is foreign to the truth is borne out by the following extracts from *Russell Reynolds* and *Henry Bennet*. In his *System of Medicine*, the former says, "With a frequency far exceeding that of all those just enumerated must be mentioned diseases of the uterus," etc.; while the latter, in his work on *Inflammation of the Uterus*, says, "So continually do I observe dyspepsia under these circumstances that the very existence of severe disorder of the digestive functions in a young female, without any apparent cause, always induces me

to question narrowly the state of the uterine functions."

In my experience these cases are not uncommon, and, from the reason that the prominence of the stomachic symptoms is apt not only to mislead the patient as to the organ at fault but also the medical attendant, their true significance is overlooked. The unmarried and the married present these derangements; and between the minor instances in which slight nausea or sickness on rising in the morning, after a fatiguing walk, or during menstruation, is complained of, and those in which stomachic irritability or persistent pain threaten life by inanition, there are manifold degrees of severity. So closely do they sometimes counterfeit ulcerative change that I have known cases in which malignant disease had been diagnosed when direction of the treatment to the local uterine trouble soon changed the complexion of affairs. The narration of two typical illustrations may be useful in giving point to my remarks.

The first occurred in a woman between thirty and forty, who had borne several children. When visited she was extremely emaciated and feeble by reason of persistent sickness. For weeks she had been confined to bed, and her sufferings, which were acute, were all referred to the epigastrium. The gloomiest of prognoses had been given, and treatment was confined to palliation. There was a history of a somewhat recent abortion from which her troubles dated, and a vaginal examination showed the existence of a subinvolved and anteverted uterus. At present this woman is in good health, a witness to the accuracy of the diagnosis and the success of the treatment based upon it. In a second, when the symptoms were, although not so severe, almost parallel in a newly-married woman with stenosis of the os uteri and ante-flexion. Here also neither the medical men nor the patient suspected the existence of any uterine trouble, but its treatment was coincident with an improvement in the condition of the patient, which soon culminated in recovery.

These cases agree in having their symptoms accentuated by fatigue, menstruation, coitus, etc., and also in being scarcely if at all benefited by the remedies in vogue for ordinary indigestions. Frequently the history of the illness assists us in making a diagnosis. It may be traced to a previous labor at full term, or an abortion, or there is evidence of disordered menstruation.

With regard to the uterine mischief most commonly underlying these cases, malpositions occupy the chief place, and of these forward versions and flexions. The most pronounced examples I have found in anteversion and ante-flexion.

The treatment of these cases is necessarily that of the original malady, and the declension of the reflex phenomena is gauged by the measure of its success.

NITRITE OF SODIUM IN THE TREATMENT OF EPILEPSY AND AS A TOXIC AGENT.—By Dr. A. H. Baines (condensed for the *Lancet*). I have a twofold object in writing this paper: one, to show the undoubted efficacy of nitrite of sodium in the treatment of epilepsy, at least in the single case of a patient of mine; and the other, to suggest that medical men, in giving this drug should first ascertain whether it is pure or adulterated with nitrite of sodium; for if, as hitherto usually supplied to the profession, it is largely contaminated with this latter salt, comparatively large doses, as a scruple, will be required to produce the desired effect; whereas, if the drug is quite or nearly pure, one or two such doses might prove fatal, or at any rate bring about alarming symptoms. The salt I prescribed in the following case, though obtained from a first-class firm of manufacturing druggists, must have been far from pure, at least for the first few weeks of its administration and until the untoward symptoms were produced, when presumably it was prepared in a purer form, was therefore stronger, and, from the large doses administered, began to act in a poisonous manner. This hypothesis has weight lent to it from the fact that upon inquiry I found the undesirable symptoms were developed at the time that the drug was being dispensed from the first part of a new supply of it, the former supply having lasted perhaps seven or eight weeks. Of course this is only conjecture, but unless it has a basis of truth in it, it compels me to fall back on the only other hypothesis which I can think of—namely, that the drug is cumulative in its action; but I know of no evidence to support this view.

In the early part of this year I was called to treat a lady for attacks of petit mal, occurring many times by day and night. She had suffered for some years, the severer and convulsive form of the disease being rarely manifested. She had been under treatment a long time, with no permanent benefit. I therefore resolved to try nitrite

of sodium, and I began by giving five grains three times a day. Within a week or so I increased the dose gradually to a scruple three times a day. My patient took this amount uninterruptedly for a period of three months or more. Soon after this treatment was initiated her seizures began to diminish in frequency, and were completely arrested in less than three weeks, and kept away for ten weeks, when she broke down and had an attack. This relapse inaugurated a series of the old attacks, but they were distinctly under the control of the drug, which I continued in the same quantity, as their frequency was not nearly so great as formerly. And now for the first time, after taking this medicine continuously for perhaps three months and a half, symptoms made their appearance which caused me anxiety. They consisted in great lividity of the lips and nails, and to a less but marked degree of the whole face, with distressing sensations at the heart, almost indescribable, and compelling my patient to maintain for hours together the recumbent posture, lest by rising something dreadful should happen. The heart was turbulent and erratic, and explained by its want of rhythm the great anxiety the patient felt. She did not vomit, but felt sick, and the feeling of fullness in the head was slight. I did not at once stop the medicine, but gave it less frequently. The untoward symptoms, however, continued or returned day by day, so that I was compelled to recognize that they were due to the action of the drug, and I stopped it absolutely; though at once strongly suspicious of their cause, I was somewhat unwilling to admit it as such, for the reason that the medicine had been taken so long and uninterruptedly without any but a beneficial result. I now enjoined complete rest of the body, and gave heart tonics with a scruple of bromide of sodium three times a day, and in a short time the alarming symptoms passed away, not to return. The seizures have been much less frequent since the drug was left off than before it was begun; and now my patient passes sometimes a fortnight without having one, the medicine just indicated being still taken.

In conclusion, I may state that I intend sooner or later to return to the attack with the same drug, but I shall try to get it in a pure form, and give it in only two or three-grain doses. I hope others may try the nitrite of sodium in epilepsy, especially in those cases unamenable to treatment by the

bromides. But let me again urge upon them the caution which I have given at the outset of this paper.

THE FREQUENCY OF ANTEFLEXION.—A recent number of the *Centralblatt für Gynäkologie* (Medical Times and Gazette) contains a report of the meetings of the gynecological section of a German scientific association, held at Freiburg, under the presidency of Dr. Freund, of Strasburg. Among other communications of interest, a paper by Bandl, of Vienna, occupied the attention of the congress, the full title of which runs, "On the Normal Position and Normal Shape of the Uterus, and the Anatomico-Pathological Causes of Apparent Antelexion." Our readers will be well aware that antelexion of the uterus is by many regarded as a morbid condition, causing numerous and varied symptoms, and seldom existing without some disturbance in the functions of the affected organ. This view has lately been controverted, the most elaborate attacks being those of Herman and of Vedeler. The chief ground of opposition—Herman's main argument, and Vedeler's only one—is that they find antelexion very common, and just as frequent in those who are healthy as in those who suffer from uterine disturbance; and they therefore conclude that it is one of the natural shapes which the uterus may have. To this question Bandl has directed his attention. He has investigated the frequency of antelexion in three ways: (1) By the examination of patients simply. (2) By the examination of patients upon whom abdominal section was about to be performed, and in whom the idea of the shape and position of the uterus gained by vaginal examination could afterward be verified or corrected by subsequent examination from within the peritoneal cavity. (3) By examination of dead bodies. By the first method, Dr. Bandl found that apparent antelexion was exceedingly common, but, as it is not stated that he examined any women who did not complain of functional uterine disturbance, his results do not tell either for or against the views of Herman and Vedeler. The cases in which the conclusion arrived at by vaginal touch was checked by examination from above after the abdomen had been opened were very few. The author found in them the uterus slightly bent forward. His post-mortem researches were made on two hundred, bodies—of children, virgins, and parous

women. He found sometimes antelexion existing before the uterus was removed, but that after the uterus was taken out of the body it became straight. In only four cases did he find antelexion persisting in a uterus severed from its attachments. Dr. Bandl unfortunately does not give any numbers except those we have quoted. This result of post-mortem research is susceptible of several explanations. It may be said the antelexion is a condition temporarily produced by the method of examination; or that it is usually a result of forces acting on the uterus during life, and seldom a shape properly belonging to the uterus and retained by it; or that its losing its curve after removal (a fact in which our own experience accords with that of Dr. Bandl) is a result of post mortem change. Whichever be the explanation preferred, it does not seem to us to affect the argument based on the identical frequency of antelexion in health and disease, because, if any objection founded on it be taken to the results of examination of the healthy, it applies equally to those gained from the other class.

THE CERTAIN DIAGNOSIS OF PREGNANCY BEFORE THE APPEARANCE OF THE FETAL SIGNS.—C. M. Green, M. D., in the *Boston Medical and Surgical Journal*: Most authorities agree that the certain signs of pregnancy are all physical signs of fetal origin; namely, the fetal heart, the spontaneous movements of the fetus perceptible to the physician, and abdomino-vaginal ballotement. Only exceptionally are any of these signs available before the sixteenth or eighteenth week; consequently the diagnosis of pregnancy before that time is only presumptive. Dr. F. Loviot believes, however, that "the existence of pregnancy can be surely recognized, at least ninety-five times in a hundred, before the appearance of the fetal signs; at two months and a half, *a fortiori* at three months and more."

As the rational maternal signs afford only presumptive and confirmatory evidence, Dr. Loviot relies upon physical changes in the uterus which he appreciates by palpation, by the vaginal touch, and above all by conjoined manipulation. He agrees with Professor Pajot, that the changes undergone by the cervix are not characteristic of pregnancy, but may be due to catamenial congestion, to metritis, and to various pathological conditions; he therefore directs his attention to the body of the uterus, which

he believes is modified by pregnancy in a characteristic manner. By conjoined manipulation the superior segment of the pregnant uterine body is accessible above the symphysis pubis under the form of a rounded, depressible, elastic tumor; the inferior segment is depressed and enlarged, and broadened out of proportion to the cervix, so that it juts out, as it were, and forms around the base of the cervix a sort of cushion, a characteristic collar. As a whole the body of the gravid uterus is soft and elastic, and under the examining finger gives the sensation of pressure on a hollow rubber ball. This soft consistency exists at all accessible points, in front, behind, to the right and to the left. The examination necessary to appreciate these modifications ought not to cause pain. Neither uterine congestion nor chronic metritis, nor fibroid tumors even when softened, impart identical sensations to the examining finger; although, if pregnancy is complicated with uterine fibroma, the diagnosis will be more difficult.

DIMINUTION OF BLINDNESS.—Says the Medical Times and Gazette: The authors of the recent Census note the encouraging fact that the proportion of the blind to the population has not only decreased with each successive enumeration since 1851 (in which year account of them was taken for the first time), but the decrease in the decade ending in 1881 was much greater than in either of the preceding decennial intervals. The number of cases returned on this latter occasion was twenty-two thousand eight hundred and thirty-two—equal to one blind person in every one thousand one hundred thirty-eight. This decrease is considered to be fairly attributable to the progressive improvement in the surgical treatment of affections of the eyes, and to the diminished prevalence among children of such diseases as smallpox.

TEMPORARY LIGATURE OF ARTERIES.—Mr. Arthur Neve, of the Mission Hospital, Kashmir, has recently had to treat many cases of very vascular goitre. He has found that in these cases the superior thyroid arteries were specially enlarged, and his treatment has been to ligature these vessels. (The Lancet.) Finding that in some cases a very troublesome dissection was required to isolate these arteries from their companion veins and the surrounding tissue, he has been led to pass a curved needle, armed with catgut, into the tumor

beneath the pulsating vessel, and tie the ends of the ligature over a piece of cork laid on the skin above the vessel. This he has allowed to remain for from four to seven days, and in each of four cases in which he has done it he has found the arteries to become permanently occluded, and great and rapid diminution in the size of the tumor to follow.

THREE INFECTIOUS DISEASES IN THE SAME INDIVIDUAL.—Dr. Prior reports (*Deutsche Med. Wochenschrift*) a case in which three infectious diseases occurred in the same individual in the space of one month. Three children were attended on November 18th, for well-marked scarlatina, with a temperature 104° Fahr., copious eruption, and some difficulty of swallowing. Desquamation began on November 21st, and proceeded normally, only one child having slight renal symptoms, until, on December 1st, the two younger were attacked with rigors, headache, malaise, and on the following day were covered with a thick eruption of varicella. On December 3d, in the absence of the mother, a child from the next room, intercourse with which had been carefully avoided on account of measles, was found playing with the children, and showed signs of measles next day. The first patients were now carefully watched, and on December 13th, the temperature was found to be raised, with photophobia and slight coryza; on the 15th the eruption of morbilli appeared. Its course was protracted, and caused some anxiety; but finally the children recovered. The cases show how the two poisons of scarlatina and varicella may be in the organism at the same time, and how measles may be conveyed by a two hours' intercourse in the prodromal stage, while the crusts of varicella are still present, the measles showing itself as soon as ten days later.—*Medical Record*.

THREE CASES OF TUBERCULAR DISEASE OF THE TONGUE are reported in the Medical Times and Gazette by Mr. R. J. Godlee: (1) Man, aged thirty-eight; delicate, tubercular aspect; had had fistula in ano, and was subject to asthma and also to pleurisy. Both testicles were tubercular. He had a round ulcer at the tip of his tongue, with raised hard edges and a gray surface, very painful, and much irritated by the teeth. The teeth were first attended to, and then iodoform and stimulating lotions were applied to the ulcer. Nitrate of silver

was applied once a week with good result. The patient went to New Zealand, and returned with the ulcer healed and the asthma gone. Soon after his return the ulcer broke out again, and became worse than before. Death occurred from pneumonic phthisis eighteen months from the onset. No suspicion of syphilis, and no sign of consolidation of lungs was detected at first. (2) Man, aged thirty-three, who had had phthisis for two years advanced, also some affection of right sacro-iliac articulation. The tongue was much swollen in anterior half or right side, the swelling being elastic and soft, and the surface of the swollen part covered with a superficial ulceration. No history of syphilis; but anti-syphilitic remedies were tried, without avail, except salivation. The tongue was punctured, and afterward a free incision was made into the mass, but led to no result. The wound healed, but the man died soon afterward. There was found recent pneumonia, and suppuration of the sacro-iliac joint. The nodule in the tongue was quite diffuse, and seemed made up of pale and thickened tongue-tissue. Microscopically, distinct tubercles were found, and bacilli in large numbers near the surface. (3) Man, aged twenty-two, who had had a cough for four or five years, and slight attacks of hemoptysis. In February, 1882, he had an ulcer of the tongue, and consulted Mr. Heath. At first there was a pimple, and then a crack; these ran together, and began to be irritated by the teeth. A gutta-percha shield was applied to the teeth. Chromic acid and nitrate of silver were employed. The condition of things had much improved, but the ulceration had destroyed the tip of the tongue. He was in fairly good health, and there was no mischief in the lungs at the present time. The tubercular affection of the tongue had probably until recently been taken for syphilitic lesion. The cases described illustrated two conditions: an infiltration among the muscular fibers of the organ, accompanied by more or less ulceration; and an ulcer of the tongue, accompanied by a slighter amount of underlying infiltration. It was probable that these did not complete the tubercular diseases of the tongue, for others presenting a good many differences as to site and appearances had been enumerated. Possibly the extensive ulceration about the soft palate and the back of the tongue in strumous children would have to be included in the category. For the present our duty seemed, he said, to be to record

carefully all cases coming under observation, giving as far as possible the evidence for the tubercular nature of the disease, and leaving any wide generalization until a larger mass of facts was available.

THE SPUTA OF PHTHISICAL PATIENTS.—M. Vignal has been trying some experiments with the view of ascertaining whether the sputa of phthisical patients as found in the streets still contained bacilli. (*Lancet*.) He collected a certain quantity of such sputa and submitted it to desiccation; he then moistened it and let it dry again at different times, so as to place it as much as possible in the condition in which it would be found in ordinary circumstances in a room. He discovered that the sputa thus treated contained bacilli as numerous and as well formed as if they had just been expectorated. He inoculated two guinea-pigs with the matter; one of which died in a few days from obstruction in the bowels, and he could not in consequence come to any conclusion; but the second animal, though it increased in weight during the first few weeks subsequent to the injection, afterward began to lose flesh, and died in in about three months. At the autopsy it was found that in all the organs there was a great number of tubercles which contained bacilli. M. Vignal concludes that sputa of phthisical patients, as found on the ground, in the streets, or in apartments, are far from being inoffensive, and might become agents of contagion to persons predisposed, or in whom the bacilli would find a favorable soil for propagation.

PRURITUS VULVÆ.—Dr. William Goodell prescribes for this disease carbolic acid, one dram; morphine sulphate, ten grains; boracic acid, two drams; vaseline, two ounces. Also, pat the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly born.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U.S.A., from January 5, 1884, to January 12, 1884.

Brown, P. R., Captain and Assistant Surgeon, assigned to duty at Fort Huachuca, A. T. (Par. 9, S.O. 119, Department of Arizona, December 27, 1883.) *Egan, P. R.*, First Lieutenant and Assistant Surgeon, upon reporting of relief, to proceed without delay from Fort Huachuca, A. T., to Fort Apache, A. T., and report to the commanding officer for duty at that post. (S.O. 119, Department of Arizona, December 27, 1883.)